

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 3
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3 COMMITTEE NAME
PARTNERS IN PROGRESS 2004

OFFICE USE ONLY

Date Received

Date Hand-delivered Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

2001 JAN 8
CITY CLERK DEPARTMENT

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5845 CROMO EL PASO TX 79912

Change of Address

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
MR. RUBEN E.

NICKNAME LAST SUFFIX
GUERRA

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5845 CROMO EL PASO TX 79912

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5845 CROMO EL PASO TX 79912

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(915) 760-5551

9 REPORT TYPE

January 15 30th day before election Exceeded \$500 limit

July 15 8th day before election Dissolution (attach PAC-DR)

Runoff 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year Month Day Year

1 / 2 / 04 THROUGH 1 / 8 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff General Special

2 / 7 / 04

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE
NAME

PARTNERS IN PROGRESS 2004

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE
PURPOSE
(Attach lists on plain
paper to complete this
report if necessary.)

CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

SUPPORT
(Candidate or Measure)

OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

OPPOSE
(Candidate or Measure)

MEASURE

BALLOT IDENTIFICATION / #
AMENDMENTS 1-6
PROPOSITIONS 1-11

ELECTION DATE
Month Day Year
2 / 7 / 04

DESCRIPTION
*EL PASO CITY CHARTER AMENDMENTS AND
GENERAL OBLIGATION BOND ELECTION*

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,000.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Ruben E. Guerra
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ruben E. Guerra, this the 6th day of Jan, 2004, to certify which, witness my hand and seal of office.

Denise Vega
Signature of officer administering oath

Denise Vega
Printed name of officer administering oath

notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages this Schedule A: 1
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2 FILER NAME PARTNERS IN PROGRESS 2004	3 ACCOUNT # (Ethics Commission filers)
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4 Date 1/5/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUSAN F. AUSTIN	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6205 PINEHURST EL PASO TX 79912			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

2001 JAN 3 12
 CITY CLERK DEPARTMENT